

## New NCHS Programs Improve Minority Health Statistics

Expanded efforts by the National Center for Health Statistics (NCHS) are improving the availability and analytical quality of health statistics related to minority groups. Among the efforts are seven recently initiated cooperative agreements awarded to fill critical gaps in minority health data.

The agreements support special studies or surveys to provide information not available from existing national surveys, allow better analysis of existing data, and fund research to improve methods of obtaining information on racial and ethnic populations. The agreements serve as models for new ways to approach data collection, analysis, and dissemination, using relatively modest funding to maximize the use of existing data and apply innovative techniques to existing data collection and analysis approaches. Cooperative agreements are similar to grants but are structured for greater direct involvement and participation by the Federal Government.

NCHS is the Federal Government's principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Public Health Services' Centers for Disease Control and Prevention (CDC).

First-year funding for the seven projects totalled about \$1 million during fiscal year 1992 and is expected to be at about the same level for fiscal 1993. The seven projects take varied approaches to improving minority health data. The agreements are

The University of Texas Health Science Center at San Antonio, "Caries and Feeding Patterns in South Texas Preschool Children," a project to establish a data base to develop an intervention program to reduce the prevalence of dental caries and improve oral health and disease prevention programs for minority children.

The University of Nebraska Medical Center, Omaha, "Improving Health Services Research Related to Rural

Minorities," a project to study interactions of rural minorities and the health care delivery system.

Northwest Portland Area Indian Health Board, Portland, OR, "Improve Health Data for Northwest American Indians," will develop and implement a specific methodology to improve understanding of the health status of American Indians and Alaskan Natives in the United States, using the Pacific Northwest as a model.

Survey Research Laboratory, Chicago, IL, "Minority Populations' Understanding of Health Questions," will apply the methodology of cognitive survey research to the problem of cultural differences in responding to health survey questionnaires.

Asian American Health Forum, San Francisco, CA, "Classifying Asian and Pacific Islanders and Estimating their Health Status," will help ensure that national health data systems accurately reflect the health status of all Asians and Pacific Islander Americans to better prioritize and allocate culturally appropriate resources for improving their health.

Northern California Cancer Center, Union City, "Improving Health Surveys for Multi-Ethnic Populations," will increase the quality and quantity of information on the health of four ethnic groups, Hispanic, Chinese, Vietnamese, and African Americans, by designing procedures to improve existing research methodologies and develop innovative techniques for obtaining valid comparable data.

Western Consortium for Public Health, Berkeley, CA, "Sample-Resample Methods for Minority Statistics," will develop and refine methods for optimal estimation of rates of disorders in minority populations when available data are sparse or incomplete.

An earlier effort by NCHS to improve minority group health statistics established an extramural grants program under the Disadvantaged Minority Health Improvement Act of 1990. In fiscal 1991, the first year of funding under the act, NCHS awarded non-competitive grants to fund projects ranging from methodologic and analytical research and analysis of existing data to assessing data needs and resources and identifying gaps in data

coverage. The awards that year marked the first NCHS support of extramural research.

Other minority health efforts by NCHS have included an expansion of the racial and ethnic categories in the National Health Interview Survey to include nine distinct Asian and Pacific Islander populations, paralleling those collected in the census. Hispanics were oversampled in the 1992 survey to permit analyses of individual subgroups. A good source of data on black-white differentials in health status and health characteristics, the interview survey will now offer an expanded range of data for other minority groups.

The new standard certificates for birth and death, with explicit Hispanic identifiers, are providing useful data at the State and national level. NCHS has released the first report of new items on birth certificates and analyzed important maternal risk factors, such as smoking, by race and ethnicity. Seven States and New York City have responded to the Public Health Service's request to expand their coding procedures to produce greater detail on Asian and Pacific Islander Americans. The new data will parallel the categories collected in the census.

National vital and health statistics systems can go only so far in producing detailed minority health data. Sample sizes, even in the largest national survey, are usually insufficient to measure comparatively small population subgroups. Additionally, the absence of reliable denominator data, cultural and language differences, and a range of other methodological and resource problems have hindered further study of minority health issues.

NCHS expects that the new grants program will contribute significantly to building the capacity to produce the full range of statistics needed to monitor and improve the health of minority populations.

## Community Assessment Initiative

Healthy People 2000 is a national initiative to improve the health of all Americans through prevention. The initiative is driven by 300 specific national health promotion and disease prevention objectives to be achieved by the

year 2000. NCHS heads a multi-center CDC effort to increase analytical and assessment capacity in order to measure progress in meeting the Year 2000 objectives.

Under the assessment portion of the initiative, NCHS has awarded cooperative agreements to seven States to enhance State statistical capacity related to the Year 2000 objectives and to increase the use of data for policy development and program management.

The funded States are Iowa, Maine, North Carolina, Ohio, Oregon, Texas, and Utah. Funding is for 5 years with an average funding level in the first year of \$160,000. Direct assistance in the form of a CDC field assignee will be provided to four of the funded States. The State projects are a mix of program needs and activities. Project locations within health departments are in State centers for health statistics, health promotion programs, a community health program, a planning office, and the office of the health director. In addition to the seven funded States, Kansas will participate in the assessment without CDC funding. Financial support for the Kansas program will be provided by the Kansas Health Foundation. CDC will provide training, technical assistance, and a field assignee.

Despite differences among State programs, there are many similarities. States have involved public and private sector organizations in the planning and development, have set priorities among the Year 2000 objectives, have attempted to integrate statistical sources, and have developed a plan for coordination and cooperation to maximize existing and future resources. The focus is on data utility for surveillance, goal setting, program management, and resource allocation. NCHS expects that the results of these cooperative agreements will extend beyond the participating States. NCHS will monitor the progress of the projects and report on the results. The State projects are viewed as working models from which the best approaches will emerge and be replicated.

#### **Conference on Records and Statistics**

The theme of the 1993 Public Health Conference on Records and Statistics will be "Toward the Year 2000—Refining the Measures." The biennial con-

ference sponsored by NCHS is a forum for the latest advances and concepts in public health statistics. This year's meeting focuses on the data needed to measure progress in reaching the more than 300 objectives set in the nation's health prevention initiative, Healthy People 2000.

The conference will be held in Washington, DC, July 19–21, 1993. There is no registration fee, but advanced registration is required to attend the three plenary sessions and to choose among the 30 concurrent workshops. A registration packet is available from NCHS, PHCRS, 6525 Belcrest Rd., Room 1100, Hyattsville, MD 20782; tel. (301) 436–7122.

#### **Teenage Smoking Patterns**

Most teenage smokers expect to quit smoking within a year, but three-fourths of those who try to quit are unsuccessful, according to a report (1) from the 1989 Teenage Attitudes and Practices Survey. The survey was conducted by NCHS in collaboration with CDC's Office on Smoking and Health, the National Cancer Institute, and the American Cancer Society. According to the survey, an estimated 3.7 million U.S. teenagers (16 percent) were current cigarette smokers and an additional 6.8 million teenagers (29 percent) had experimented with cigarettes. Among those 16–18-years old, about 25 percent were currently smoking and an additional 34 percent had experimented with cigarettes. Girls were as likely to smoke as boys, and white teenagers were three times more likely to smoke than black teenagers.

The survey interviewed a nationwide sample of 10,000 youth 12 to 18 years of age to learn more about patterns of teenage smoking. Researchers found teenagers most likely to smoke if family and friends were smokers. Teenagers were three times more likely to smoke if their parents and at least one older sibling smoked (37 percent) than if no one in the household smoked (12 percent). However, the smoking practices of older brothers or sisters living at home were more closely associated with teenagers smoking than was parental smoking. Thirty percent of adolescents were smokers in homes where only older siblings smoked, compared with 15 percent of teenagers from homes where only their parents smoked.

The greatest influence to smoke appeared to be close friends. Among teenagers whose close friends did not smoke, only 3 percent were smokers. However, almost half of those with at least two close friends who smoked were smokers themselves. Teenagers who did not participate in organized activities, including sports, who were below average students, or who did not like school, were two to four times more likely to smoke than those who did well in school or were involved in competitive sports and other physical activities.

The survey found that teenagers who engaged in risk-taking behavior, such as riding with a driver who used alcohol or drugs, riding a motorcycle or minibike, or physical fighting, were more likely to be smokers. The same was true for teenagers who had more unsupervised time at home or who had skipped school. The survey did not examine the possible influence of tobacco advertising and promotion on teenagers smoking practices. Recent studies have suggested that these factors may play an important role in encouraging youths to start smoking.

Teenagers who believed that it is safe to smoke for 1 or 2 years, who believed that cigarettes help people relax, or that smoking helps keep weight down, were two to four times more likely to smoke than those who did not agree with those statements.

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*Copies of NCHS publications and information on NCHS programs and the availability of printed and electronic products may be obtained from the NCHS Scientific and Technical Information Branch, 6525 Belcrest Rd., Room 1064, Hyattsville, MD 20782; tel. (301) 436–8500.*

#### **Reference** .....

1. Moss, A. J., Allen, K. F., Giovino, G. A., and Mills, S. L.: Recent trends in adolescent smoking, smoking-uptake correlates, and expectations about the future. Advance Data from Vital and Health Statistics, No. 221. DHHS Publication No. (PHS) 93–1250. Centers for Disease Control and Prevention, National Center for Health Statistics. Hyattsville, MD, 1992.